

L10000105206

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : AKERMAN SENTERFITT - TAMPA
Account Number : I20000000249
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**LLC REGISTERED AGENT RESIGNATION
MARY ANN ZAWADA,DC, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$85.00

C. LEWIS
MAR 19 2012
EXAMINER

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COVER LETTER

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TO: Amendment Section
Division of Corporations

SUBJECT: MARY ANN ZAWADA, DC, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L10000105206

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOHN CLOUGH, ESQ.

Name of Person

AKERMAN SENTERFITT

Name of Firm/Company

9128 STRADA PLACE, SUITE 10205

Address

NAPLES, FL 34108

City/State and Zip Code

john.clough@akerman.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN CLOUGH, ESQ.

Name of Person

at (239)

449-5600

Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

MARY ANN ZAWADA

Name of Registered Agent

, hereby resigns as

Registered Agent for

MARY ANN ZAWADA, DC, LLC

Name of Limited Liability Company

L10000105206

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.


Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/voluntarily dissolved/
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

INHS17 (08/05)

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